

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90124 042 ***150.00

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DOCUMENT # P98000044668

1. Corporation Name

MICHAEL J. KONZELA, D.D.S., P.A.

Principal Place of Business

706 WEST BOYNTON BEACH BLVD., STE. 105
BOYNTON BEACH FL 33426

Mailing Address

706 WEST BOYNTON BEACH BLVD., STE. 105
BOYNTON BEACH FL 33426

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/15/1998

4. FEI Number

65-0840889

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes

☒ No

2. Principal Place of Business

21 Same
Suite, Apt. #, etc.

2a. Mailing Address

26 Same
Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24 25 29 30

9. Name and Address of Current Registered Agent

LAMONTAGNE, KEVIN M
125 EAST BOYNTON BEACH BLVD.
BOYNTON BEACH FL 33436

10. Name and Address of New Registered Agent

81 Name

MICHAEL J. Konzela, DDS

82 Street Address (P.O. Box Number is Not Acceptable)

706 W Boynton Beach Blvd

83

Suite 105

84 City

Boynton Beach

FL

85 Zip Code

33426

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

X Michael J. Konzela

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/15/99

DATE

12.

OFFICERS AND DIRECTORS

TITLE 1.1 TITLE ☐ DELETE

NAME michael konzela
STREET ADDRESS 706 W Boynton Beach Blvd
CITY-ST-ZIP Boynton Beach, FL 33426

TITLE 2.1 TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE 3.1 TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE 4.1 TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE 5.1 TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE 6.1 TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X Michael J. Konzela, DDS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/99 (561) 364-8700

Date

Daytime Phone #

CR2E034 (1/98)